



Generic vs. Brand Status on Maryland's Preferred Drug List – January 1, 2017

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the on-line claim adjudication of Preferred Brands, pharmacy providers must contact the State's pharmacy claims processor 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Acne Agents, Topical	Differin Cream (Topical)	adapalene cream (topical)
Analgesics, Narcotics (Long Acting)	Kadian Capsule (Oral)	morphine ER capsule (oral)
Antibiotics, Inhaled	Kitabis Pak (Inhalation)	tobramycin pak (inhalation)
Anticonvulsants	Diastat (Rectal)	diazepam (rectal)
Anticonvulsants	Gabitril Tablet (Oral)	tiagabine tablet (oral)
Anticonvulsants	Tegretol Suspension (Oral)	carbamazepine suspension (oral)
Anticonvulsants	Trileptal Suspension (Oral)	oxcarbazepine suspension (oral) ²
Antipsychotics	Invega Tablet (Oral)	paliperidone ER tablet (oral) ³
Antidepressants, Other	Parnate Tablet (Oral)	tranylcypromine sulfate tablet (oral)
Antihypertensives, Sympatholytics	Catapres-TTS (Transderm)	clonidine (transderm)
Glucocorticoids, Inhaled	Pulmicort Respules (Inhalation)	budesonide inhalation suspension
Hepatitis B Agents	Hepsera Tablet (Oral)	adefovir dipivoxil tablet (oral)
Hepatitis B Agents	Baraclude Tablet (Oral)	entecavir tablet (oral)
Hepatitis B Agents	Epivir HBV Tablet (Oral)	lamivudine HBV tablet (oral)
Macrolides/Ketolides	E.E.S. 200mg/5ml Granules (Oral)	erythromycin ethyl succinate granules (oral)
Macrolides/Ketolides	Eryped 200 mg/5ml Suspension (Oral)	erythromycin ethyl succinate suspension (oral)
Multiple Sclerosis Agents	Copaxone 20 mg/ml (Subcutaneous)	glatiramer 20 mg/ml (subcutaneous)
Ophthalmics, Glaucoma Agents	Alphagan P 0.15% (Ophthalmic)	brimonidine P 0.15% (ophthalmic)
Stimulants and Related Agents	Adderall XR Capsule (Oral)	amphetamine salt combo ER capsule (oral)
Stimulants and Related Agents	Focalin Tablet (Oral)	dexmethylphenidate tablet (oral)

Stimulants and Related Agents	Focalin XR Capsule (Oral)	dexmethylphenidate XR capsule (oral)
Stimulants and Related Agents	Kapvay ER Tablet (Oral)	clonidine ER tablet (oral)
Stimulants and Related Agents	Methylin Solution (Oral)	methylphenidate solution (oral)
Stimulants and Related Agents	Ritalin LA Capsule (Oral)	methylphenidate ER capsule (oral)

1 Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:
<http://mmcp.dhmdh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.

² Both brand and generic preferred

³ Invega is still a non-preferred drug and will require a prior authorization by the prescriber